



Academy of the Son Scholarship Application 2018-2019 School Year

Eligibility

- Student must be enrolled in the Academy of the Son on a full-time basis.
- Family gross income must fall below 185% of the 2018-2019 Federal Poverty Guidelines.

2018-2019 Federal Poverty Guidelines					
48 Contiguous States & D.C.					
Household Size	Eligibility for reduced AOTS Fee – 185% of Federal Guidelines				
	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 22,459	\$ 1,872	\$ 936	\$ 864	\$ 432
2	\$ 30,051	\$ 2,538	\$ 1,269	\$ 1,172	\$ 586
3	\$ 38,443	\$ 3,204	\$ 1,602	\$ 1,479	\$ 740
4	\$ 46,435	\$ 3,870	\$ 1,935	\$ 1,786	\$ 893
5	\$ 54,427	\$ 4,536	\$ 2,268	\$ 2,094	\$ 1,047
6	\$ 62,419	\$ 5,202	\$ 2,601	\$ 2,401	\$ 1,201
7	\$ 70,411	\$ 5,868	\$ 2,934	\$ 2,709	\$ 1,355
8	\$ 78,403	\$ 6,534	\$ 3,267	\$ 3,016	\$ 1,508
Additional family members	\$ 7,992	\$ 666	\$ 333	\$ 308	\$ 154

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Employer: _____

Parent/ Guardian Gross Monthly Income: _____ (must provide documentation)

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Employer: _____

Parent/ Guardian Gross Monthly Income: _____ (must provide documentation)

Additional Household Income: _____

Amount per month: _____ (must provide documentation)

Scholarship Contract Agreement

I, _____, the parent/guardian of _____, agree to these eligibility criteria of the Academy of the Son to participate in the scholarship program. I will abide by these criteria in order to maintain my child's scholarship eligibility. I understand that the completion of this application does not guarantee a scholarship.

Signature: _____ Date: _____